

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000016386

1. Corporation Name

HINES' ENTERPRISES, INC.

Principal Place of Business

228 CHENEY HWY  
TITUSVILLE FL 32780

Mailing Address

228 CHENEY HWY  
TITUSVILLE FL 32780

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90256 034 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1993

4. FEI Number

59-3173382

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HINES, KAREN M

~~4785 SPRINGFIELD AVE~~

~~TITUSVILLE FL 32780~~

81 Name

KAREN M. HINES

82 Street Address P.O. Box Number is Not Acceptable

~~4045~~ THOR. AVE.

83

TITUSVILLE

84 City

FL

85 Zip Code

32780

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Karen M. Hines*

KAREN M. HINES OWNER

3/8/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE 0 ☐ DELETE

NAME HINES, DORIAN R

STREET ADDRESS ~~4785 SPRINGFIELD AVE~~

CITY-ST-ZIP ~~TITUSVILLE FL 32780~~

TITLE 0 ☐ DELETE

NAME HINES, KAREN M

STREET ADDRESS ~~4785 SPRINGFIELD AVE~~

CITY-ST-ZIP ~~TITUSVILLE FL 32780~~

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME HINES, DORIAN R.

1.3 STREET ADDRESS 4045 THOR. AVE.

1.4 CITY-ST-ZIP TITUSVILLE, FL. 32780

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME HINES, KAREN M.

2.3 STREET ADDRESS 4045 THOR AVE.

2.4 CITY-ST-ZIP TITUSVILLE, FL. 32780

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Karen M. Hines* KAREN M. HINES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OWNER V-P

Date

Daytime Phone #

3/8/99 407-264-0055

CR2E034 (11/98)